

PAGE	1	OF	2
FOR SE OF FORM 24/48			

NAME OF COMMITTEE (In Full) FLORIDIANS FOR A STRONG MIDDLE CLASS	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00577049 </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report ➤ <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M /</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">D D /</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">Y Y Y Y</div> </div>	

Full Name of Payee Waterfront Strategies, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 04 / 2016	
Mailing Address 3050 K St, NW Suite 100		Amount 87471.00	
City Washington	State DC	Zip Code 20007	Transaction ID : WFT2016742232-1 Date of Disbursement or Obligation MM / DD / YYYY 08 / 04 / 2016
Purpose of Expenditure Advertisement	Category/ Type		
Name of Federal Candidate Patrick, Murphy, , ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	House District: _____ State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought	270574.59	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee AKPD Message and Media		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>08 / 04 / 2016</div> </div>	
Mailing Address 730 N Franklin St Suite 404		Amount <div> <div>2826.96</div> </div>	
City Chicago	State IL	Zip Code 60654	Transaction ID : WFT20169101540-1 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>08 / 04 / 2016</div> </div>
Purpose of Expenditure Advertising Production		Category/ Type	
Name of Federal Candidate Patrick, Murphy, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: _____ State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought		<div> <div>270574.59</div> </div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	90297.96
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Jennifer, May, , ,

[Electronically Filed]

Date _____

Signature